

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/14/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185331		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/03/2014	
NAME OF PROVIDER OR SUPPLIER FRANKLIN-SIMPSON NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 414 ROBEY ST. FRANKLIN, KY 42135			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
	Amended						
	A Recertification/Abbreviated Survey (KY#22284 and KY#22249) was conducted on 10/01/14 through 10/03/14 to determine the facility's compliance with Federal requirements. The facility failed to meet the minimum requirements for recertification with the highest scope and severity of a "D". KY#22249 was unsubstantiated with no deficiencies cited. KY#22284 was substantiated with deficiencies.						
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS			F 225			
	The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.						
	The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).						
	The facility must have evidence that all alleged						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/28/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review and review of the facility's investigation and policy and procedures it was determined the facility failed to ensure all alleged violations were investigated to include assessing non-interviewable residents timely for signs and symptoms of abuse related to an allegation of abuse of one (1) of sixteen (16) sampled residents (Resident #9).</p> <p>The findings include:</p> <p>Review of the facility's policy Abuse and Neglect, not dated, revealed all incidents of alleged abuse or neglect would be summarized, trends would be identified, recommendations would be made, and action plans would be developed, implemented and follow up would ensure ongoing compliance. Further review of the policy revealed following an allegation, the facility would implement increased supervision and monitoring of residents as needed to ensure that all residents were safe from any further abuse.</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>Review of the facility's final Investigation Report, dated 09/19/14, revealed on 9/12/14, Resident #1 reported he/she had been struck by a girl with a long ponytail the evening before. The staff member was identified (Certified Nurse Aide (CNA) #2) and was not working the evening of 09/11/14. CNA #2 was suspended immediately. Further review of the facility's investigation revealed residents with a Brief Interview of Mental Status score of below eight (8) were not assessed for signs and symptoms of abuse.</p> <p>Record review revealed Resident #1 was admitted to the facility on 07/01/12 with diagnosis which included Senile Dementia, Dementia with behavior disturbances, Bipolar, Anxiety Disorder, Schizophrenia, Diabetes, and Hypertension. Review of the annual Minimum Data Set (MDS) assessment, dated 08/30/14, revealed the facility assessed Resident #1's cognition as cognitively intact with a BIMS score of thirteen (13).</p> <p>Interview with Resident #1, on 10/02/14 at 1:25 PM, revealed a girl (staff member) hit him/her in the head approximately four (4) weeks ago. Resident #1 stated he/she does not remember the staff member's name. The resident described the staff member as having long black hair and very large. Further interview revealed the incident happened in the resident's room (215 A).</p> <p>Interview with Licensed Practical Nurse (LPN) #2, on 10/02/14 at 2:10 PM, revealed Resident #1 informed her, on 9/11/14 at 4:30 P.M., a girl (staff member) hit the resident in the head the other night. LPN #2 further revealed the Assistant Director of Nursing (ADON) was in the facility and she reported the allegation. Further interview revealed a skin assessment was performed on</p>	F 225			

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F 225	<p>Continued From page 3</p> <p>Resident #1 without any bruising or injury noted.</p> <p>Interview with ADON, on 10/03/14 at 8:35 AM, revealed she interviewed Resident #1 and escorted CNA #2 out of the facility. Further interview revealed residents with a BIMS score of eight (8) or greater were interviewed. She stated residents with a BIMS score below 8 weekly skin assessments were reviewed beginning 09/11/14 and completed 09/15/14.</p> <p>Interview with Director of Nursing (DON), on 10/03/14 at 9:50 AM, revealed she was made aware of the allegation on 09/12/14. The DON revealed no skin assessments were initiated on the (8) non-interviewable residents. The DON further revealed the ADON started reviewing weekly skin assessments of the 8 non-interviewable residents on 09/12/14 when informed of the allegation. The DON stated she and the ADON finished reviewing the weekly skin assessments of (8) non interviewable residents on 09/15/14. The DON revealed skin assessments should have been conducted on the 8 non-interviewable residents when the allegation of abuse was reported.</p>	F 225			